

## **Supportive Services Chart**

List all the services to be provided to MHSA tenants in the MHSA Rental Housing Development, including any in-kind services essential to the success of your Supportive Services Plan. Add additional lines to the Supportive Services Chart as needed.

<b>Supportive Service</b>		<b>Target Population)</b>	<b>Service Provider(s)</b>	<b>Service Location</b>
	List each service separately (e.g., case management, mental health services, substance abuse services, etc.)	Name the target population(s) that will be receiving the supportive service listed.	List the name of the proposed service provider.	Indicate where the service is to be provided - onsite or offsite. For offsite services, indicate the means by which residents will access the service.
1	Case Management	Chronically Homeless with a Mental Illness	PATH/SFVCMHC	On-Site
2	Health Services	Chronically Homeless with a Mental Illness	NEVHC	On-Site/Off-Site
3	Mental Health Services	Chronically Homeless with a Mental Illness	SFVCMHC	On-Site/Off-Site
4	Substance Abuse	Chronically Homeless with a Mental Illness	PATH/SFVCMHC	On-Site/Off-Site
5	Employment/Vocational Services	Chronically Homeless with a Mental Illness	Valley Employment Services	On-Site/Off-Site
6	Educational Linkages	Chronically Homeless with a Mental Illness	PATH/SFVCMHC	On-Site/Off-Site
7	Budget & Financial Training	Chronically Homeless with a Mental Illness	PATH/SFVCMHC	On-Site
8	Benefit Establishment	Chronically Homeless with a Mental Illness	SFVCMHC	On-Site/Off-Site
9	Linkages to Community-Based Resources	Chronically Homeless with a Mental Illness	PATH/SFVCMHC	On-Site/Off-Site
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**Primary Service Provider:** PATH

(Indicate the primary service provider, i.e., entity responsible for providing services to the tenants of the MHSA Housing Program units, and for overall implementation of the Supportive Services Plan, including coordination between multiple service providers where applicable.)